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RULE				

APPLICANTS

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** CONTINUING DATA *****

frt

** FOREIGN APPLICATIONS *****

frt

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 11/30/2000

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	COUNTRY	DRAWING	CLAIMS	CLAIMS
Verified and Acknowledged	<u>Dooley</u> <u>frt</u> Examiner's Signature Initials	CA	7	18	4

ADDRESS

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TITLE

Minimally invasive annuloplasty procedure and apparatus

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____
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